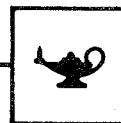


"We Can Never Afford to Neglect the Question"

6



General John J. Pershing, in his *Final Report*, made specific reference to three weapons introduced in World War I and the impact each had on the conduct of the war. The three weapons Pershing listed were the tank, aircraft, and poison gas. Only one, gas, caused him to reflect on its use in any future war. He declared, "Whether or not gas will be employed in future wars is a matter of conjecture, but the effect is so deadly to the unprepared that we can never afford to neglect the question." Pershing, with the experience of the war behind him, pointed out that gas was a significant weapon, but not as a producer of battle deaths.¹

The AEF suffered 34,249 immediate deaths on the battlefield. Of these, an estimated 200 were caused by gas.* The number of men wounded and evacuated to medical facilities numbered 224,089. Medical Department reports indicate 70,552 of these hospital patients suffered from gas wounds. Of these gas victims, 1,221 died in AEF hospital wards. When looking at the total figures, 27.3 percent of all AEF casualties, dead and wounded, were caused by gas. With respect to the burden gas casualties placed on medical facilities, not to mention the replacement system, a significant 31.4 percent of all AEF wounded were treated in hospitals for gas wounds (Table 2).²

Gas in World War I did not have to cause large numbers of casualties to be an effective and versatile weapon. Gas warfare placed additional strain on every aspect of combat. According to British Maj. Gen. Charles H. Foulkes, Commander of the Special Brigade, the "appearance of gas on the battlefield . . . changed the whole *character* of warfare." In World War I, gas was everywhere, in clothing, food, and water. It corroded human skin, internal organs, and even steel weapons. The smell of gas hung in the air, and the chemical environment became a reality of everyday life. Not only did men have to train constantly, but an entire logistical network had to be established for offensive and defensive gas equipment. A new branch of the U.S. Army came into existence, and new units, such as decontamination squads, mobile degassing units, and special gas troops, were created. These organizations, in turn, took manpower away from the combat arms, as

*This is a rough and perhaps low estimate. It was always difficult to determine the cause of death when shell-torn bodies were interred by Quartermaster troops.

combat arms officers became gas officers in divisions, regiments, and battalions. Also, the impact of gas on the Medical Department posed tremendous problems in the treatment of casualties. The number of gas wounded became so great that one field hospital out of four per division was dedicated to the treatment of gas victims.³

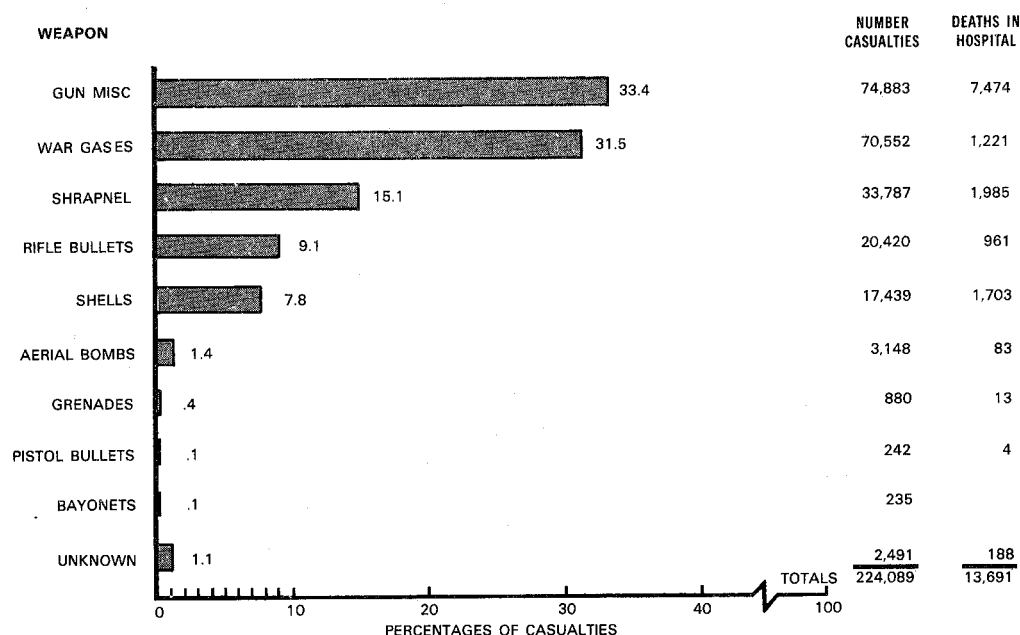


Table 2. Hospitalized casualties.

Despite the pervasive impact of chemical agents on the battlefield, commanders and staffs had difficulty adjusting their thinking and planning in such a way as to make effective use of these new weapons—weapons totally different from anything they had ever been trained to use. Not only did commanders and staffs have difficulty determining how they would employ the new weapon to their tactical advantage, but they also had to consider the effects of enemy gas on their own troops. By entering the conflict without preparation for chemical warfare, AEF commanders never fully comprehended the potential of gas on the battlefield.

The experience of the United States Army before and during World War I suggests several shortcomings in the military's preparation for, and later employment of, chemical warfare. Prior to American entry into the war, the War Department and General Staff virtually ignored the deployment of chemical weapons in Europe and did little or nothing to prepare the Army to fight and survive in a chemical environment. This pervasive neglect had an adverse impact on the capability of the AEF to fight effectively on a chemical battlefield. American troops entering front-line trenches were usually poorly trained and ill equipped to engage in gas warfare.

Proper defensive equipment is a minimal requirement for the successful engagement of forces in chemical warfare. The indispensable item for the World War I doughboy was his protective mask. Besides the filtration of all harmful agents, the mask had to fulfill a number of other requirements to be efficient. It had to be comfortable and allow for freedom of movement, full vision, easy breathing, communication, and durability. The American failure to develop a mask that could meet these requirements limited the combat effectiveness of the soldiers of the AEF. The decision to purchase the British SBR and, later, to manufacture an American version of it rather than to adopt and modify the more efficient and comfortable French *Tissot* was a serious error in judgment brought about by a lack of foresight and preparation.

The prewar failure to develop and experiment with new gases was also a serious shortcoming. If attention had been paid to the rapidly changing technology of chemical warfare, the United States, with its untapped industrial capacity, might have been able to overcome the German advantage. American technology might have produced the "king" of war gases, the persistent mustard agent, in a timely fashion. Instead, the Germans introduced this agent a year before the Allies.

After entry into the conflict, the United States geared up for production of war gases currently in use. Eventually mustard and other agents were shipped from the United States, but only in fifty-five-gallon containers. Production of chemical shells, based on French designs, was belatedly undertaken, and not a single American gas shell ever left the muzzle of an AEF artillery piece in combat. The unfortunate shortage of gas shells restricted the AEF's capability to retaliate in kind against the Germans; this, in turn, had a demoralizing effect on troops whose own positions had been liberally drenched with gas from German shells.

The AEF never found the key to effective education and training for the offensive and defensive aspects of chemical warfare. A significant advantage could have been obtained if both offensive and defensive training had been integrated into all aspects of instruction. Once a soldier understood the overall nature of gas warfare and acquired confidence in his equipment and gas officers, he more easily accepted and adjusted to chemicals in actual combat. Unfortunately, U.S. training in chemical warfare never reached the sophistication needed to achieve the desired results. Equipment shortages and the lack of trained instructors hampered the AEF's preparation to engage in chemical warfare. The Army suffered needless casualties as a consequence.

Good gas discipline was also essential to the conduct of chemical warfare. Very few soldiers reached the level of the 1st Infantry Division doughboy who, when asked by a staff officer if the gas alarm signified a drill, replied through his mask in muffled tones, "Put on your mask, put on your mask, you damn fool and don't ask questions." "Here," said the division commander who learned of the incident, "was the real thing in discipline." Discipline and training were required if men were to be expected to remain in a contaminated area. The soldier's determination to fight on would certainly

have been enhanced if he had had faith in his equipment and the knowledge that provisions had been made for the decontamination of himself and his gear.⁴

Had the U.S. Army's leaders, prior to America's entry into the war, prepared themselves intellectually by studying German gas doctrine or by reviewing observer reports, gas officers would not have had to overcome such strong resistance to the tactical employment of chemicals. Because the U.S. Army failed to develop gas warfare doctrine, the average AEF officer never really understood the potential value of chemicals. Nor could he put aside his preconceived, if perhaps erroneous notion, that chemicals were unusually inhumane weapons whose development should not be pursued. For America the real inhumanity of chemical warfare in World War I lay in the blindness of U.S. civilian and military leaders who, having ignored the real and present threat posed by gas, deployed the doughboys of the AEF to fight unprepared in a chemical environment. Ignorance, short-sightedness, and unpreparedness extracted a high toll at the front, a toll that the United States with its intellectual and technological resources should not have had to pay.

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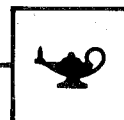
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45. Lanza, "Counterbattery," 92.
46. Rexmond C. Cochrane, *The Use of Gas in the Meuse-Argonne Campaign, September-November 1918*, U.S. Army Chemical Corps Historical Studies: Gas Warfare in World War I, Study no. 10 (Army Chemical Center, MD: Historical Office, U.S. Army Chemical Corps, 1958), 89; "History . . . 1st Gas Regiment, pt. 3., sect. 6, 1—35; Fries and West, *Chemical Warfare*, 90.
47. "History . . . 1st Gas Regiment," 1:1.
48. *Ibid.*, 4:1, 3; pt. 3, sect. 4:8.
49. *Ibid.*, 4:1—2.
50. *Ibid.*, 4:3.
51. James Thayer Addison, *The Story of the First Gas Regiment* (Boston: Houghton Mifflin Co., 1919), 149—50; "History . . . 1st Gas Regiment," pt. 3, sect. 4:8.
52. "History . . . 1st Gas Regiment," pt. 3, sect. 5:14.
53. Addison, *First Gas Regiment*, 150.

Chapter 6

1. John J. Pershing, *Final Report of General John J. Pershing, Commander-in-Chief American Expeditionary Forces* (Washington, DC: U.S. Government Printing Office, 1920), 77.
2. In researching gas casualty statistics, I found minor discrepancies and a variety of reporting methods. The studies I examined included Albert G. Love, *Statistics*, pt. 2, *Medical and Casualty Statistics*, The Medical Department of the United States Army in the World War, vol. 15 (Washington, DC: U.S. Government Printing Office, 1925); Albert G. Love, *War Casualties*, Army Medical Bulletin no. 24 (Carlisle Barracks, PA: Medical Field Service School, 1931); and Harry L. Gilchrist, *A Comparative Study of World War Casualties From Gas and Other Weapons* (Edgewood Arsenal, MD: Chemical Warfare School, 1928). I found that the latter had the clearest format and figures that were substantiated by the other studies. The figures do not include casualties in the Marine Brigade of the 2nd Infantry Division.
3. Foulkes, "Gas!", 345.
4. Bullard, *Personalities*, 161.

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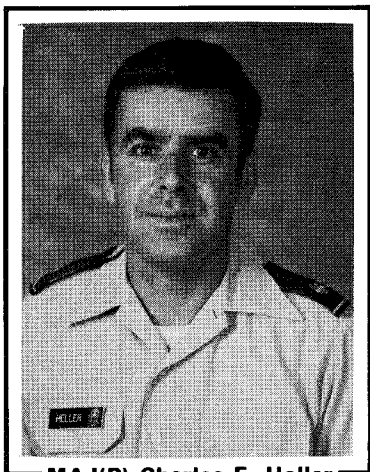
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Synopsis of Leavenworth Paper 10

Although *Leavenworth Paper No. 10* is primarily concerned with the American response to gas warfare in World War I, it begins by examining the pertinent events leading up to the German gas attack at Ypres in April 1915 and surrounding the subsequent escalation of the chemical war to its peak in 1918.

The United States entered the war in April 1917, two years after the German Imperial Army's first successful gas attack against the Allies. Although the U.S. Army was aware of the increasing use of chemicals on European battlefields, it made no effort to prepare for gas warfare until two months before the American declaration of war. As a result, the Army began the war without a doctrine or adequate training program for chemical warfare and was dependent on the Allies for gas-related equipment. While steps were taken to correct these deficiencies, the first U.S. units to arrive in France were ill-prepared to use or defend against chemical weapons. Officers and NCOs of the newly created Gas Service labored feverishly to train and equip American doughboys before they reached the front, but the task was monumental and satisfactory results were not always achieved. Once in the trenches, the American Expeditionary Forces found gas warfare an inescapable fact of life. Even the better-trained troops had difficulty coping with an agent that appeared everywhere—in clothing, food, and water; on equipment; and in the mud of trenches. When on the offensive, American officers were often reluctant to employ chemical agents for fear of inviting German retaliation. At war's end, the U.S. Army had yet to master the art of chemical warfare.

